

Police Department: Records Division 1781 Zumbehl Road St. Charles, MO 63303 t: 636.949.3300 f: 636.949.3299

REQUEST FOR COPY OF REPORT

NOTE: Information on this form will assist the St. Charles City Police Department in providing the public records you are requesting. Some reports may not be available upon request due to ongoing investigation. Under Missouri law, some information not subject to release may be removed or redacted from records prior to release.

Date of Request:		
Name of Person Making Request:		
Address:		
Phone: Busi	Business Phone	
Report Number: Da	te of Incident:	
Name of Individual Involved in Incident:		
Гуре of Incident:		
Location of Incident:		
Choose one of the Following:		
Involved in incident Insurer of person involved in incident		
Attorney of person involved in incident	Other, explain:	
Reason for request:		
There will be a $\$10$ fee for each report reque:	sted. Payments accepted are ca	ash, money order or check made
Payable to the City of St Charles .		
Some requests may involve extensive and ler	ngthy searches of police record	ls. State Statute allows for a
reasonable length of time to gather the inform	mation. Additional fees may be	e required. You will be given an
estimate before the request is processed.		
Signature/Date:		
Office Use Only:		
Oriver's License/Other ID	Check#	Receipt#
Date Issued DSN		